

Alberta Health and Wellness

Standards for Infection Prevention and Control – Accountability and Reporting

May 12, 2011

Government of Alberta ■

Reader Information

Department	Alberta Health and Wellness
Title	<i>Standards for Infection Prevention and Control - Accountability and Reporting</i>
Author	Community and Population Health
Publication Date	January 16, 2008
Revision Date	May 12, 2011
Document Purpose	Standards
Scope	These Standards apply to Alberta Health Services (AHS).
Superseded Documents	The <i>Standards for Infection and Prevention Control - Accountability and Reporting</i> , May 12, 2011, updates and replaces the <i>Standards for Infection and Prevention Control - Accountability and Reporting</i> , January 16, 2008.
Contact	<p>Document can be found on the Alberta Health and Wellness (AHW) website: www.health.alberta.ca. For general information, call AHW Reception at (780) 427-7164 and your call will be directed to the appropriate personnel.</p> <p>Interpretation/implementation questions from AHS staff or service providers should be forwarded to AHS Infection Prevention and Control by e-mail at: infectionpreventioncontrol@albertahealthservices.ca</p>
ISBN	<p>Print: 978-0-7785-8261-8</p> <p>Online: 978-0-7785-8262-5</p>

Table of Contents

Definitions	1
Introduction	4
1. Roles and Responsibilities	5
2. Responding to an IPC Concern.....	7
3. Reports	8
4. Public Health Act.....	9

Definitions

Accountability	The state of being accountable, liable, or answerable for, in this case, the accountability and reporting requirements in these Standards.
Accountable Person	Each of the following is an “Accountable Person”: <ul style="list-style-type: none">• CEO• IPC Executive• SMOH• CMOH• MOH
ADM	The Assistant Deputy Minister of Community and Population Health in Alberta Health and Wellness (AHW).
Alberta Health Services (AHS)	The regional health authority established under the <i>Regional Health Authorities Act</i> .
Chair	The head of the AHS Board who is appointed by the Minister.
Chief Executive Officer (CEO)	The individual employed or engaged by AHS as its most senior officer and includes an individual designated in writing by the CEO to carry out some or all of the duties and responsibilities of the CEO under these Standards.
Chief Medical Officer of Health (CMOH)	The person appointed by the Minister as the chief medical officer of health under the <i>Public Health Act</i> .
Client	An individual who receives services from AHS and, depending on the services being provided, includes an individual who is considered a client, patient or resident by AHS.
Clinical Services	The services offered by health professionals for the prevention, treatment and management of illness and the preservation of mental health and physical well being.

Compliance Monitoring and Risk Management Branch	The organizational unit in AHW charged with oversight of AHS compliance activities in regard to the IPC Standards.
Executive Director	The Executive Director of Compliance Monitoring and Risk Management in AHW.
Executive Officer	The individual who is appointed as an executive officer under the <i>Public Health Act</i> for the purpose of carrying out the executive officer duties and responsibilities under the Act and corresponding regulations.
Health Care Facility or Setting	A facility or setting in which Clients receive health care services from AHS including, but not restricted to, hospitals and surgical facilities, nursing homes, long term care facilities, clinics and community health centres.
Infection Prevention and Control (IPC)	A discipline that applies epidemiologic principles and evidence-based strategies to prevent infections and improve quality and safety for both Clients and health care workers across the spectrum of care.
IPC Concern	A condition or circumstance involving IPC that is or that might become injurious or dangerous to the public health or that might hinder in any manner the prevention or suppression of disease. In this regard an IPC Concern may include, but is not restricted to, an instance where the conditions of a Health Care Facility or Setting, a health care practice, an infectious disease or an inadequate infection control measure pose a risk to public health.
IPC Executive	The individual appointed as the IPC Executive in accordance with Section 1.3 of these Standards and includes an individual designated in writing by the IPC Executive to carry out some or all of the duties and responsibilities of the IPC Executive under these Standards.

IPC Standards

The standards that have been established by AHW and include, without limitation:

- *Standards for Infection Prevention and Control - Accountability and Reporting;*
- *Standards for Prevention and Management of Methicillin Resistant Staphylococcus aureus;*
- *Standards for Cleaning, Disinfection and Sterilization of Reusable Medical Devices for all Health Care Facilities and Settings;*
- *Standards for Single-Use Medical Devices: As Applied to Critical and Semi-Critical Medical Devices;*

and in addition to these standards established by AHW, includes any further or higher standards that AHS may determine are required to properly provide for Client and worker safety.

Medical Officer of Health (MOH)

A physician serving as a medical officer of health for the purposes of the *Public Health Act*.

Minister

The Minister of Health and Wellness.

Provincial IPC Committee

The committee established in accordance with Section 1.3 of these Standards.

Risk Assessment

The process by which an IPC Concern, or an incident of non-compliance with IPC Standards, is assessed to determine the level of risk that it poses to an individual or the public.

Senior Medical Officer Of Health (SMOH)

The senior medical officer of health employed or engaged by AHS who is designated as the SMOH.

Support Services

The services provided to a Client in a Health Care Facility or Setting that support the Clinical Services and include, but are not restricted to, food, housekeeping and laundry services.

Introduction

Effective IPC is grounded in clear accountability and lines of responsibility; the establishment of clinical standards while essential, is not sufficient. The purpose of the *Standards for Infection Prevention and Control - Accountability and Reporting* is to promote clarity in regard to the roles and responsibilities of key positions in AHS, including senior executives, and medical officers of health with regard to this important aspect of Client, worker and public safety.

The accountability and reporting standards in this document apply to IPC matters. Nothing in this or any of the other IPC Standards fetters the authority, duties and responsibilities of a MOH, the CMOH or the Executive Officers set out under any Act, regulation or other enactment.

1. Roles and Responsibilities

- 1.1 AHS must have a province-wide IPC program in place to achieve the following outcomes:
- IPC Standards are implemented and regularly monitored;
 - IPC activities are compliant with the IPC Standards;
 - IPC activities, monitoring and compliance are regularly recorded;
 - An IPC Concern, or an incident of non-compliance with the IPC Standards, is promptly investigated and effectively addressed; and
 - Individuals working for or on behalf of AHS receive up-to-date training in IPC practices and procedures.
- 1.2 The CEO and the Chair shall include IPC activities, performance measures and IPC Concerns as a standing item on the agenda of AHS board meetings.
- 1.3 The CEO shall:
- appoint an IPC Executive; and
 - establish a Provincial IPC Committee.
- 1.4 The CEO shall not appoint an MOH or the SMOH as the IPC Executive.
- 1.5 The CEO shall make reasonable provision for an Accountable Person to have access to personnel, records, relevant data, other resources and IPC experts as are necessary for each Accountable Person to properly:
- implement and monitor IPC activities;
 - conduct Risk Assessments;
 - investigate IPC Concerns or non-compliance with the IPC Standards; and
 - carry out their responsibilities under the IPC Standards or under the *Public Health Act* or any other enactment.
- 1.6 The IPC Executive is responsible and accountable for:
- overseeing the implementation and monitoring of the IPC Standards;
 - investigating and responding to IPC Concerns and incidences of non-compliance with the IPC Standards;
 - regular record-keeping of IPC activities, IPC Concerns and incidences of non-compliance with the IPC Standards;
 - liaising, as required, with the SMOH on IPC activities and Risk Assessments; and

- liaising and coordinating with the SMOH, as required, in response to an IPC Concern or incidence of non-compliance with an IPC Standard.
- 1.7 The Provincial IPC Committee reports to the IPC Executive and supports AHS' province-wide IPC program.
- 1.8 The Provincial IPC Committee must have representation from the following areas:
- Clinical Services;
 - Physician Services;
 - Occupational Health and Safety;
 - Communicable Disease Control;
 - Infection Prevention and Control;
 - Laboratories;
 - Capital Planning;
 - Support Services;
 - Building Maintenance;
 - Pharmacy; and
 - Any other areas, as determined by the IPC Executive.
- 1.9 The SMOH must be an ex officio member of the IPC Committee.
- 1.10 The Accountable Persons are responsible for the response of AHS to IPC Concerns or an incidence of non-compliance with an IPC Standard as required by this IPC Standard and the *Public Health Act* or any other enactment.

2. Responding to an IPC Concern

- 2.1 The CEO is responsible for requiring that all individuals employed or engaged by AHS are advised that if they become aware of an IPC Concern or an incidence of non-compliance with an IPC Standard, they must report in a prescribed manner that will bring the matter to the immediate attention of an Accountable Person.
- 2.2 Upon receiving a report under Section 2.1, if the individual receiving the report is not the IPC Executive, the individual shall immediately make sure that the report is provided to the IPC Executive.
- 2.3 Upon receiving a report under Sections 2.1 or 2.2, the IPC Executive or, in the case of an IPC Concern requiring action under the *Public Health Act*, the SMOH, shall:
 - fully investigate the report;
 - see that a Risk Assessment is conducted in a timely manner and in accordance with any protocol established by the CMOH;
 - promptly report the findings of the Risk Assessment to the CMOH, as required; and
 - take all reasonable steps to address the incident and protect Clients, workers and the public.
- 2.4 The CMOH may determine what, if any, types of IPC Concerns, IPC incidents or thresholds of Risk Assessments do not need to be reported to the CMOH.

3. Reports

- 3.1 The Chair must provide an Annual Report on IPC activities, programs, monitoring and compliance in AHS to AHW.
 - 3.1.1 The Annual Report must be provided for the period from April 1st in one year to March 31st in the next year and must be submitted to the ADM by September 30th in accordance with any form prescribed by the ADM.
- 3.2 The IPC Executive and the SMOH must provide reports to the CMOH in accordance with Sections 2.3 and 2.4, and in accordance with any form or timelines prescribed by the CMOH.
- 3.3 The IPC Executive must provide a Compliance Status Report summarizing AHS compliance status with the IPC Standards and any applicable legislation.
 - 3.3.1 The Compliance Status Report must be provided for the period from April 1st in one year to March 31st in the next year and must be submitted to the Executive Director by September 30th in accordance with any form or timelines prescribed by the Executive Director.

4. Public Health Act

- 4.1 Nothing in the IPC Standards fetters the authority, duties and responsibilities of the CMOH or an MOH or Executive Officers as provided for under the *Public Health Act* and the corresponding regulations under that Act or any other enactment.
- 4.2 The CEO is responsible to see that all directions of the CMOH given under the *Public Health Act* are carried out.